



University of Tennessee, Knoxville  
**Trace: Tennessee Research and Creative  
Exchange**

---

University of Tennessee Honors Thesis Projects

University of Tennessee Honors Program

---

Spring 4-2002

# Unified Bocce Ball League/Bocce Manual

Candice Brooke Wilee

*University of Tennessee - Knoxville*

Follow this and additional works at: [https://trace.tennessee.edu/utk\\_chanhonoproj](https://trace.tennessee.edu/utk_chanhonoproj)

---

## Recommended Citation

Wilee, Candice Brooke, "Unified Bocce Ball League/Bocce Manual" (2002). *University of Tennessee Honors Thesis Projects*.  
[https://trace.tennessee.edu/utk\\_chanhonoproj/616](https://trace.tennessee.edu/utk_chanhonoproj/616)

This is brought to you for free and open access by the University of Tennessee Honors Program at Trace: Tennessee Research and Creative Exchange. It has been accepted for inclusion in University of Tennessee Honors Thesis Projects by an authorized administrator of Trace: Tennessee Research and Creative Exchange. For more information, please contact [trace@utk.edu](mailto:trace@utk.edu).

Appendix E - UNIVERSITY HONORS PROGRAM  
SENIOR PROJECT - APPROVAL

Name: CANDICE BROOKE WILEE

EDUCATION, HEALTH  
College: + HUMAN SCIENCES Department: SPORT AND LEISURE STUDIES

Faculty Mentor: STEVE CAUSEY C.T.R.S.

PROJECT TITLE: UNIFIED BOCCE BALL LEAGUE / BOCCE MANUAL

I have reviewed this completed senior honors thesis with this student and certify that it is a project commensurate with honors level undergraduate research in this field.

Signed: Steve Causey, Faculty Mentor

Date: 4/20/03

General Assessment - please provide a short paragraph that highlights the most significant features of the project.

Comments (Optional):

I recently completed a 15-week internship with Sunshine Industries, an agency that serves adults with developmental disabilities. One of my responsibilities while working at Sunshine was to organize and implement a Special Olympics Unified Bocce Ball League. A Special Olympics Unified Team is composed of a Special Olympics athlete who is paired with a partner from the community. I worked alongside TeamVols member Connie Buckholtz to organize twenty-one teams of athletes and University of Tennessee students. We began an eight week league on March 3<sup>rd</sup>, 2003. The league was an enormous success and Sunshine Industries and TeamVols have agreed to continue the league on a yearly basis. To better prepare future interns for this event, I have organized a Special Olympics Bocce Ball manual which will be kept in the Sunshine Industries Leisure Services office.

*Special Olympics  
Unified Bocce Ball*

*Brooke Wilee*

*April 28, 2003*

# *About Special Olympics*

- \* *Mission Statement*
- \* *Philosophy*
- \* *Prinicples*

## *Special Olympics Mission Statement*

*To provide year-round sports training and athletic competition in a variety of Olympic-Type sports for all people with mental retardation, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.*

# *Special Olympics Philosophy*

Special Olympics is founded on the belief that people with mental retardation can, with proper instruction and encouragement, learn, enjoy and benefit from participation in individual and team sports, adapted as necessary to meet the needs of those with special mental and physical limitations.

Special Olympics believes that consistent training is essential to the development of sport skills, and that competition among those of equal abilities is the most appropriate means of testing these skills, measuring progress and providing incentives for personal growth.

Special Olympics believes that through sports training and competition, people with mental retardation benefit physically, mentally, and spiritually. Families are strengthened, and the community at large, both through participation and observation, is united in understanding people with mental retardation in an environment of equality, respect and acceptance.

## *Special Olympics Principles*

- \* That the goal of Special Olympics is to help bring all persons with mental retardation into the larger society under conditions whereby they are accepted, respected and given the chance to become useful and productive citizens.
- \* That, as a means of achieving this goal, Special Olympics encourages its more capable athletes to move from Special Olympics training and competition into school and community programs where they can train and compete in regular sports activities. The athletes may, at this point, wish to leave Special Olympics or continue to take part in Special Olympics activities. The decision is the athlete's.
- \* That participation in Special Olympics training programs and competitive events is open to all people with mental retardation who are at least eight years old, regardless of the degree of their disability.
- \* That comprehensive, year-round sports training is available to every Special Olympics athlete, conducted by well-qualified coaches in accordance with the standardized Sports Rules formulated and adopted by Special Olympics International; and that every athlete who participates in a Special Olympics sport will have been trained in that sport.
- \* That every Special Olympics program includes sports events and activities that are appropriate to the age and ability of each athlete, from motor activities to the most advanced competition.
- \* That Special Olympics provides full participation for every athlete regardless of economic circumstance and conducts training and competition under the most favorable conditions possible, including facilities, administration, training, coaching, officiating and events.
- \* That, at every Awards Ceremony in addition to the traditional medals for first, second and third places, athletes finishing from fourth to last place are presented a suitable place ribbon with appropriate ceremony.
- \* That, to the greatest extent possible, Special Olympics activities will be run by and involve local volunteers, from school and college age to senior citizens, in order to create greater opportunities for public understanding of and participation with people with mental retardation.
- \* That, although Special Olympics is primarily and essentially a program of sports training and competition, efforts are made to offer, as an integral part of Special Olympics Games, a full range of artistic, social and cultural experiences such as dances, art exhibits, concerts, visits to historic sites, clinics, theatrical and motion picture performances and similar activities.
- \* That the Spirit of Special Olympics—skill, courage, sharing and joy—incorporate universal values which transcend all boundaries of geography, nationality, political philosophy, gender, age, race or religion.



# *Rules & Regulations*

- \* The Court and Equipment*
- \* Court Diagram*
- \* Rules of Competition*
- \* Definition of Terms*

# ***Bocce***

The following are the 1992 Official Rules and Regulations for Competitive Bocce from the International Bocce Association, Inc., 187 Proctor Boulevard, Utica, NY, 13501. (315-733-9611)

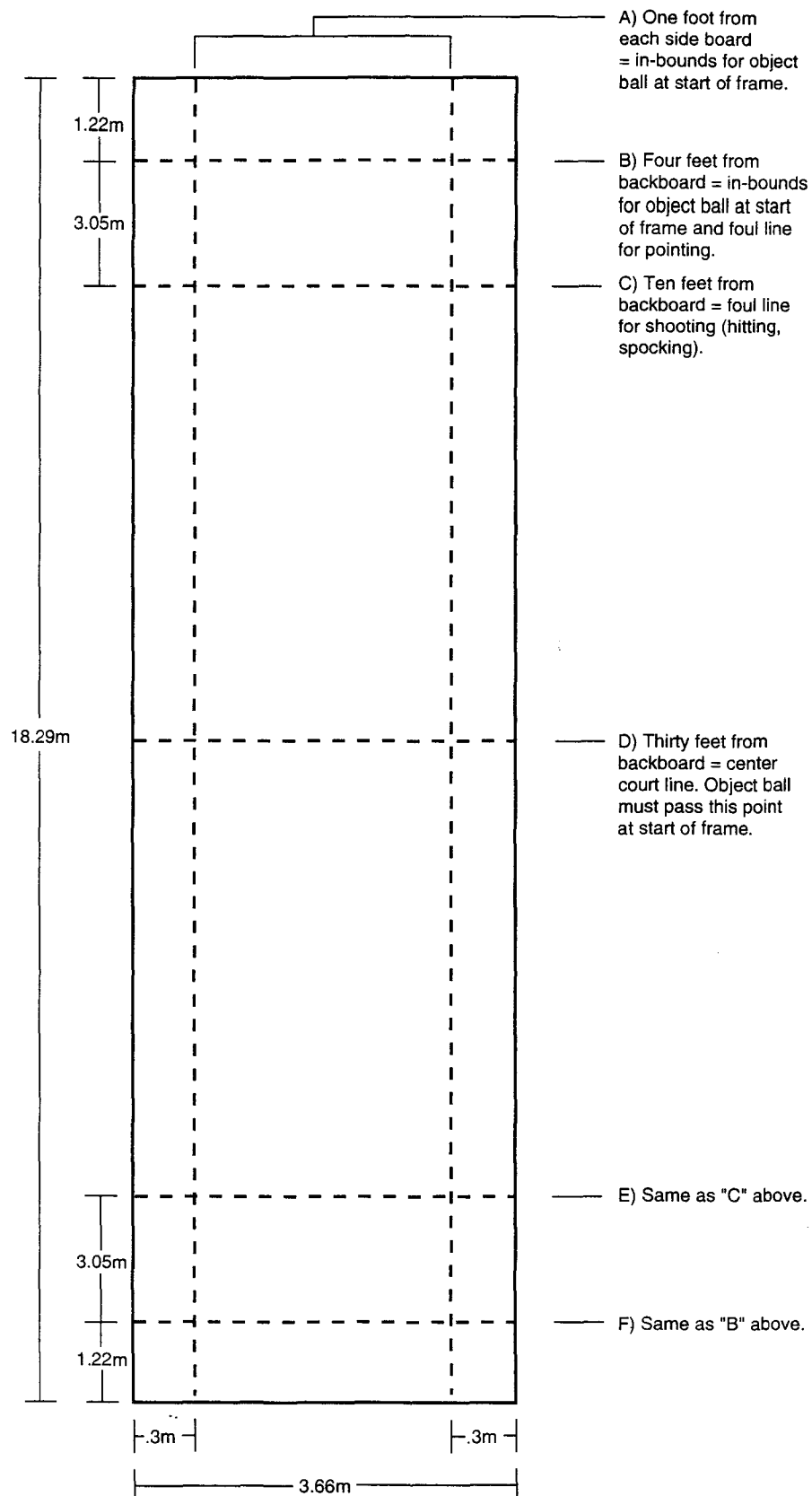
## **The Court and Equipment**

### **1. Court**

- a. The Court is an area 3.66m. (12') wide by 18.29m. (60') long. (See Court Diagram.)
- b. Court Surface may be composed of stone-dust, dirt, clay, grass or artificial surface provided there are no permanent or temporary obstructions in the court that would interfere with the straight line delivery of a ball from any direction. These obstructions do not include variations in grade or consistency of terrain.
- c. Court Walls are the side and end walls of the court and may be composed of any rigid material. The walls must be at least as high as the bocce balls at all points. The side or end walls may be utilized during play for bank shots or rebound shots.
- d. Markings (See Court Diagram) All courts should be clearly marked for the following:
  - 1) 0.3m. (1') from side boards – in-bounds for first toss of pallina
  - 2) 1.22m. (4') from back boards – in-bounds for first toss of pallina
  - 3) 1.22m. (4') from back boards – foul line for pointing
  - 4) 3.05m. (10') from back boards – foul line for hitting or spocking
  - 5) Half court marker – minimum distance pallina may be played on first toss of pallina. During the course of play, the position of the pallina may change as a result of normal play; however, the pallina may never come to rest closer than the half point marker or frame is considered dead.

### **2. Equipment**

- a. Bocce Balls may be composed of wood or metal and of equal size. Official league and tournament ball sizes may be from 107mm (4.25") to 113mm (4.5"). The color of the balls is immaterial provided that the four balls of one team are clearly and visibly distinct from the four balls of the opposing team.
- b. Pallina must not be larger than 63mm (2.5") or smaller than 48mm (1.875") and should be of a color visibly distinct from both bocce ball colors.
- c. Measuring device may be any device that has the capacity of accurately measuring the distance between two objects, and acceptable to tournament officials.



# **Rules of Competition**

## **1. The Game**

- a. **Equipment** – Bocce is played with eight large balls and one smaller target or object ball called the pallina. There are four balls to a side or team, and they are generally made in two colors to distinguish the balls of one team from those of the opposing team. The large balls are also inscribed with distinctive lines to identify the balls of the players on the same team.
- b. **Pallina and Color** – A coin toss by the referee will determine which team has the pallina and choice of ball color. In the absence of a referee, the two team captains will execute the coin toss.
- c. **Sequence of Play** – The pallina is rolled or tossed by a member of the team having won the coin toss to start the game. The player tossing the pallina must deliver the first ball. The opposing team will then deliver their bocce balls until the point is taken or they have exhausted their four balls. This "nearest ball" rule governs the sequence of played balls. The side whose ball is the closest to the pallina is called the "in" ball and the opposing side the "out" ball. Whenever a team gets "in", it steps aside and allows the "out" team to deliver.
- d. **Three Attempt Rule** – The team possessing the pallina will have three attempts at placing the pallina within the acceptable playing area described above. If these three attempts are unsuccessful, the opposing team will have one opportunity to place the pallina. If this attempt is unsuccessful, the referee will place the pallina in the center of the court width at the 15.24m (50') mark (opposite end hitting line). However, at no time does a team lose its earned pallina advantage of being able to deliver the first ball.
- e. **Initial Point** – It is always incumbent upon the team with the pallina advantage to establish the initial point. Example: Team A tosses the pallina and delivers the first ball. Team B elects to hit Team A's ball out of position. In doing so, both balls fly out of the court, leaving only the pallina in the court. It is incumbent upon Team A to re-establish the initial point.
- f. **Ball Delivery** – A team has the option of rolling, tossing, bouncing, banking, etc. its ball down the court provided it does not go out-of-bounds or the player does not violate the foul markers. A player also has the option of "spocking" or hitting out any ball in play in trying to obtain a point, or decreasing the opposing team's points. All ball delivery attempts must be of an underhand style.
- g. **Scoring** – At the end of each frame (when both teams have exhausted all balls), points will be determined as follows: Scoring points are all those balls of one teams closer to the pallina than the closest ball of the opposing scoring team, which can be determined by viewing or by mechanical measurements. The scoring team for each frame will also win the pallina advantage for the subsequent frame.

- h. Ties During Frame – In the event that two opposing balls are equidistant from the pallina (tied), the team that rolled last will continue to roll until the tie is broken.
- i. Ties at the End of Frame – In the event that the two balls closest to the pallina belong to opposing teams and are tied, no points will be awarded. The pallina returns to the team which delivered it.
- j. Scorecard – It is the responsibility of each team captain to sign the scorecard after a match. The signatures will indicate the indisputability of the final score. Games in which protests will be filed should not be signed by any captain disagreeing with the score or its validity.

## 2. Player Designation

- a. Captain – On any team, the captain must be designated and made known to the officials before play begins. The captain may not be changed during the course of the game, but may be changed during the course of a tournament or league. The tournament or league officials must be notified of this change prior to any subsequent games.
- b. Rotation of Players – The players of any given team may elect to play their ball in any rotation provided the player who tosses the pallina delivers the first bocce ball. The rotation may vary from frame to frame; however, no player may deliver more than his/her allotted number of balls per frame.

## 3. Unified Sports Team

- a. Each Unified Sports doubles team shall consist of one Athlete and one Partner.
- b. Each Unified Sports team event shall consist of two Athletes and two Partners.
- c. Each game shall commence with a coin toss. Either members of the team that wins the toss starts the game by throwing the pallina and the first ball. The second ball is thrown by either member of the opposing team. Play continues with an alternation of throws by Partners and Athletes until the game is won.

## 4. Substitutions

- a. Official Notification – Officials must be notified of substitutions prior to scheduled game time or it will result in forfeiture of match.
- b. Substitution of Players – Only one substitute may be allowed per team per game. Substitutes may take the place of any player on the team and may substitute for different players on the same team during different games. Once a player has registered to substitute for one team during the tournament, he may not substitute for any other team during that tournament.
- c. Substitution During Game – Only in the event of medical or other verified emergencies may a player be substituted during the process of a game. Emergency substitutions will only be made at the end of a frame; if this is not possible, the frame will be considered dead. However, once the substitution has been made, the substitute must

complete the game. Teams with less than the prescribed number of players will forfeit the match.

## 5. Time-Outs, Delays of Game, and Checking Position of Points

### a. Circumstances

- 1.) Time Out– The official may grant a time-out whenever the circumstances explained appear to be of sufficient validity to do so. The time-out will be limited to ten minutes.
- 2.) Intentional Delay of Game – If, in the opinion of the official, the game is intentionally delayed without sufficient or valid reason, the official must give a warning. If play is not resumed immediately, the delaying team will forfeit the match.
- 3.) Delays Caused by Weather or other Unforeseen Reasons – In such delays, the ruling of the League or Tournament Director will be decisive and final.
- 4.) Checking Position of Points – Players may only proceed to the half court mark before delivering their balls.

## 6. Penalties

### a. Enforcement of Penalties

- 1.) Determination – Immediately upon determination by the official that a foul has been committed, the official will notify the captains of both teams and inform them of the penalty imposed. The ruling of the official is final, except as otherwise provided for hereafter.
- 2.) Conditions Not Covered – For conditions not specifically covered in the official International Bocce Association Rules, the League or Tournament Director's ruling shall be decisive and final.
- 3.) Protests – Any protest to an official's or Tournament Director's decision must be made by a team before that team plays its next ball, or the decision will be considered as accepted.
- 4.) Protest to Forfeiture – If a team must forfeit a match as a result of not being present for a scheduled match, or as a result of violations hereunder prescribed, no official protest will be acknowledged. Protests will be acknowledged and judged on the basis of merit in circumstances not specifically proved for hereunder.

### b. Specific Fouls

- 1.) Foul-line Fouls – In both pointing and hitting, the foremost part of the specific foul-line will not be surpassed by any part of the foot before the ball leaves the player's hand. All fouls must be called by a referee as a result of witnessing the foul.

One official warning may be granted each team after which penalties will be prescribed. The penalty for a team committing a second foul-line infraction will consist of one of the following two options:

- a.) The team fouled against will be awarded points as they were immediately preceding the foul, and the frame will end. The referee will make the final judgment as to how many points were actually "in" at the time. The team committing the foul will be awarded no points for the frame.
- b.) The fouled against team may have the option of declining the penalty and completing the frame.

- 2.) Illegal Movement of a Ball Belonging to Your Own Team – If a player moves one or more of his/her team's balls "in contention", the ball(s) are removed from the court and considered dead and play continues. Balls not immediately "in contention" may be replaced as close as possible to their original position. "In contention" is herein defined as a ball(s) close enough to the pallina to require measurement to determine whether a point may be awarded.
- 3.) Illegal Movement of an Opponent's Ball – If a player moves one or more of his/her opponent's balls "in contention", those balls will be awarded one point each and play continues. Only the team fouled against can be awarded points for that frame unless the penalty is declined.
- 4.) Illegal Movement of the Pallina by a Player – If the pallina is moved by a player, the team fouled against may be awarded as many points as the number of live balls that were "in contention" plus the number of balls yet unplayed by that team during the frame in which the foul occurred.
- 5.) Declination of Penalties – The team fouled against shall retain the privilege of declining any of the prescribed penalties and completing the frame.

c. Accidental or Premature Movement of Balls or Pallina by Referee

- 1.) Accidental Movement of a Ball or Pallina During Play (when more balls are yet to be played) - If a referee, either in the course of measuring or otherwise moves a ball "in contention" or the pallina, the frame is considered dead and started over at the same end.
- 2.) Accidental or Premature Movement of a Ball or Pallina by a Referee After All Balls are Played – If the point or points were obvious to the referee, they will be awarded. All uncertain points will not be awarded.

d. Interference with a Ball in Motion

- 1.) By One's Own Team – If a player interferes with his/her team's ball in motion, his/her team automatically forfeits the ball and play continues.
- 2.) By Opponent's Team – If a player interferes with an opponent's ball in motion, the team fouled against has one of the following options:
  - a) playing the ball over
  - b) declaring the frame dead
  - c) declining the penalty, accept the lie of the touched ball, and continue playing
- 3.) With No Disruption of Position – If a spectator, animal or object interferes with a ball in motion and that ball does not touch another ball already in play, it must be played over by the same player.
- 4.) With Disruption of Position – If a spectator, animal or object interferes with a ball in motion and that ball touches another ball already in play and "in contention", the frame is dead.
- 5.) Other Disruption of Play – Any action which interferes with the position of the pallina or the ball of each team closest to the pallina renders the frame dead. In the event balls other than the pallina or the two opposing balls closest to it are moved, they may be replaced as close as possible to their original position by the two captains or referee. Such disruptive action may be the result of a dead ball from another court, foreign objects, spectators, or animals entering the court and changing the position of the ball(s) in play.

e. Wrong Color Delivery

- 1.) Replaceable – If a player delivers a wrong color ball, the ball may not be stopped by another player or the referee. The ball must be allowed to come to a rest and replaced with the proper ball by the referee.
- 2.) Not Replaceable – If a player delivers a wrong color ball which cannot be replaced without disturbing another ball already in play, the points of the play will be recorded at that time, wrong color ball counting for the team which rolled or delivered it, and play will continue. It will be the responsibility of the two team captains and the referee to maintain identity of the "wrong color" ball(s).
- 3.) Unidentifiable – If a player delivers a wrong color ball which cannot be identified by the referee as a result of hitting or scattering of balls, the frame will be considered dead and no points awarded.

f. Wrong Rotation of Play

- 1.) Initial Roll – If a team wrongly delivers the pallina and its first ball, the referee will return both pallina and ball and begin the frame over from the same end.
- 2.) Subsequent Rolls of Proper Color in Improper Sequence – If a player delivers his/her ball when his/her team is "in" and the other team still has balls left, the ball in question remains where it comes to rest, is considered "live", and play continues. This ruling holds true regardless of who indicated which ball was "in" since it is the responsibility of each team to request a measurement when an "in" point is questionable.

7. Officials

a. Objections

- 1.) Objections to Officials – Each team has the right to object to a designated official for any reason prior to the start of a game. This objection will be considered and decided upon by the Tournament Director.
- 2.) Participant Officials – No member of a team or registered substitute of a team will be allowed to assist in officiating a game in which that team is also playing.

b. Substitute Officials

- 1.) During a Game – Substitutions of officials may occur during a game only with the permission of the Tournament Director and both team captains.
- 2.) Additional Officials – Additional officials may be assigned to any games during the course of play provided permission is granted by the Tournament Director.
- 3.) Team Requests – Officials may be changed during the course of a game if either team presents sufficient cause to the Tournament Director.
- 4.) Official's Uniform – Referee should be clearly distinguishable from players. It is recommended that vests or hats should be worn.

c. Ethics

1. Official's Code of Ethics – A referee will:
  - a) study the rules of the game
  - b) be fair and unbiased in his decisions, rendering them without regard to the score.
  - c) be firm but not overbearing; courteous but not ingratiating; positive, but never rude; dignified but not arrogant; friendly but companionable; calm, but always



alert.

d) be prepared, both physically and mentally, to administer the game.

e) not give information which would benefit or give advantage to one team over another

## 8. Other Circumstances

### a. Broken Ball

- 1) During Play – If during the course of a frame a ball or pallina should break, the frame will be considered dead. Replacement of ball or pallina will be the responsibility of Tournament Directors.

### b. Court Grooming

- 1) Prior to Play – All courts must be groomed to the satisfaction of the Tournament Director before the start of each game.
- 2) Court Grooming During Play – Courts may not be regroomed during the course of a game. Obstacles or objects such as stones, cups, etc. may be removed during the course of a game.
- 3) Unusual Court Conditions – If in the opinion of the Tournament Director, the court conditions are such that play is impractical, the game can be stopped and resumed on another court or at another designated time.

### c. Moving Objects

- 1) Moving Ball or Pallina – No player may play his ball until a pallina or another ball has come to a complete rest.

## 9. Player Behavior

### a. Unsportsmanlike Conduct

- 1) Disqualification – Players shall act in a sportsmanlike manner at all times. Any act which is deemed as poor sportsmanship such as insulting language, gestures, actions, or words which engender ill-will, if flagrant, may result in disqualification.

### b. Attire

- 1) Proper Attire – Players will dress in a manner which will bring credit to them and the sport of bocce.
- 2) Footwear – Players will not be permitted to wear shoes which may damage or disrupt the court surface. Also, players will not be permitted to play without shoes.
- 3) Objectionable Attire – Players wearing objectionable or offensive clothing, or who are improperly attired, may not be allowed to participate in a tournament.

## ***Definition of Terms***

### **1. Ball: Live and Dead**

- a. A live ball is any ball in play that has been delivered.
- b. A dead ball is any ball that has been disqualified or forfeited. A ball may be disqualified if:
  - 1) it is the result of a penalty
  - 2) it has gone out of the court
  - 3) it has come in contact with a person or object which is out of the court
  - 4) it hits the top of the court boards
  - 5) it hits the covering over the courts or any supports thereof

### **2. Bocce Ball and Pallina**

- a. Pallina is a small object sometimes called a cue ball, jack, beebee, etc.
- b. Bocce Ball is the larger playing ball

### **3. Other Terms**

- a. Hitting is sometimes known as spocking, shooting, bombing, etc. A deliver which is thrown with sufficient velocity that it would hit the back board if it missed the target. The shooting line will be used to determine a foul.
- b. Bank or Rebound Shot refers to playing a ball off either the side boards or backboard.
- c. Pointing is a ball delivered to obtain a point close to the pallina. The pointing line will be used to determine a foul.
- d. Frame is the period in the game in which balls are played from one side of the court to the other and points are awarded.

### **4. Foul**

A foul is a rule infraction for which a penalty is prescribed.

# *Recruiting*

- \* Sunshine Client Memo*
- \* Team Vols Interest Meeting*
- \* Sunshine Partner Flyer*

## Unified Bocce Ball Memo

To:

From: Leisure Services

Date: March 1, 2003

RE: Unified Bocce League Sign-Up

This year we are beginning a Unified Bocce Ball League with all athletes being paired with a UT student. The league will begin on March 3rd and will be held every Monday through April 28th on the University of Tennessee Campus. If you are interested in participating, please sign up with Leisure Services ASAP.



## Unified Bocce Ball Memo

To:

From: Leisure Services

Date: March 1, 2003

RE: Unified Bocce League Sign-Up

This year we are beginning a Unified Bocce Ball League with all athletes being paired with a UT student. The league will begin on March 3rd and will be held every Monday through April 28th on the University of Tennessee Campus. If you are interested in participating, please sign up with Leisure Services ASAP.





"Let me win. But if I cannot win,  
let me be brave in the attempt."  
~Special Olympics Oath



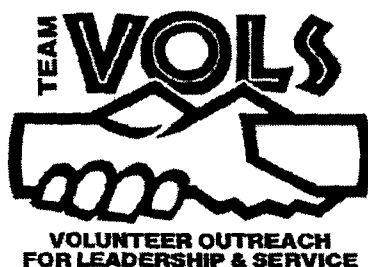
# Unified Special Olympics Bocce Ball INTEREST MEETING

When: Feb. 10th @ 4:30

or Feb. 11th @ 8

Where: U.C. room 220

What: FUN!



If you have any questions  
please call the TeamVOLS  
office at 974-8481  
or send an e-mail to  
[Specpersons\\_teamvols@yahoo.com](mailto:Specpersons_teamvols@yahoo.com)

Should you need  
accommodations due to a  
disability, contact the  
office of Disability Services  
at 974-6087.

# Partners Needed

## FOR SPECIAL OLYMPICS UNIFIED BOCCE BALL LEAGUE

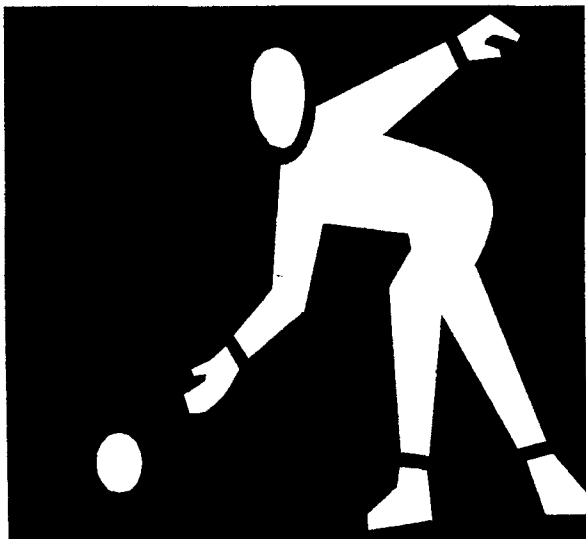
Mondays

March 3rd-April 21st

4:30-6:30 p.m.

Located on Campus

*No  
Experience  
Necessary!!*



For more information  
please contact  
Brooke or Steve  
546-9431

# *Paperwork*

- \* Athlete Health Information*
- \* Official Release Form*
- \* Unified Sports Partner - Waiver of Liability*
- \* Athlete/Coach/Volunteer Accident Report*
- \* Partner Commitment Form*



# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

SECTION A SHOULD BE SUBMITTED EVERY THREE (3) YEARS



## SECTION A - ATHLETE HEALTH INFORMATION

### PROGRAM:

Athlete Social Security Number \_\_\_\_\_

Athlete Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (if different than athlete) \_\_\_\_\_

Emergency Contact (if other than parent/guardian) \_\_\_\_\_

Health/Accident Company \_\_\_\_\_

Sex/Gender \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Policy # \_\_\_\_\_

	YES	NO	
1. Heart Disease/Heart Defect/High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
2. Chest Pain or Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	
3. Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
5. Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	
Have cervical spine (neck bone) x-rays been done	<input type="checkbox"/>	<input type="checkbox"/>	New
Atlanto Axial Instability	<input type="checkbox"/>	<input type="checkbox"/>	Problem
6. Parent/Sibling (under 40) died of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Absence of vision/blind in one eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Absence of one kidney or testicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Heat stroke/exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other problem that would interfere with sports participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List: \_\_\_\_\_

A physical examination performed by a licensed examiner is required every 3 years for athletes with YES in items 1-6. An exam is required the first time NEW is checked in items 7-13.

Comments: \_\_\_\_\_

	YES	NO
13. Impaired motor ability	<input type="checkbox"/>	<input type="checkbox"/>
14. Uses a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
15. Allergy to the following (list specific)	<input type="checkbox"/>	<input type="checkbox"/>
Medicine _____	<input type="checkbox"/>	<input type="checkbox"/>
Foods _____	<input type="checkbox"/>	<input type="checkbox"/>
Insect Sting/Bite _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Special diet	<input type="checkbox"/>	<input type="checkbox"/>
17. Exercise induced wheezing	<input type="checkbox"/>	<input type="checkbox"/>
18. Tendency to bleed easily	<input type="checkbox"/>	<input type="checkbox"/>
19. Emotional/psychiatric/behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>
20. Serious bone or joint disorder	<input type="checkbox"/>	<input type="checkbox"/>
21. Sickle cell trait or disease	<input type="checkbox"/>	<input type="checkbox"/>
22. Hearing aid/hearing loss	<input type="checkbox"/>	<input type="checkbox"/>
23. Contact lenses/eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>
24. Dentures/false teeth	<input type="checkbox"/>	<input type="checkbox"/>
25. Immunizations (shots) are up-to-date	<input type="checkbox"/>	<input type="checkbox"/>
26. Date of last tetanus shot _____ / _____ / _____		

MEDICATIONS - Please print medication name, amount, date prescribed and number of times per day medication needs to be taken

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person completing form (normally parent/guardian or adult athlete)

Signature \_\_\_\_\_ Date \_\_\_\_\_

IF HISTORY SIGNED BY ADULT ATHLETE -- I have reviewed the health history with the athlete whose signature appears above.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to athlete (family member, friend, coach) \_\_\_\_\_

**IMPORTANT** If there is any significant change in the athlete's health, the athlete's condition should be reviewed by a licensed examiner before further participation.

## SECTION B - MEDICAL CERTIFICATION

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and football team competition (soccer).

☐ I have reviewed the above health information on and examined the athlete named in the application, and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.

### RESTRICTIONS

EXAMINER'S SIGNATURE \_\_\_\_\_

EXAMINER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

**A physical examination performed by a licensed examiner is required for initial participation**





# OFFICIAL SPECIAL OLYMPICS RELEASE FORM

## RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, \_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Chapter program in my state, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

\_\_\_\_\_  
Signature of Adult Athlete

\_\_\_\_\_  
Date

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print): \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

(e.g. family member, teacher, coach, etc.)

## RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of \_\_\_\_\_, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Chapter program in my state, or the athlete has had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

## Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement



UNIFIED SPORTS® PARTNER

### SECTION A - ATHLETE INFORMATION

PROGRAM: \_\_\_\_\_

Athlete Social Security Number \_\_\_\_\_

Sex/Gender \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

Athlete Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Address (if different than athlete) \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Contact (if other than parent/guardian) \_\_\_\_\_

Home Phone \_\_\_\_\_

Health/Accident Company \_\_\_\_\_

Policy # \_\_\_\_\_

### SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

In consideration of participating in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Unified Sports® events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

Signature of Unified Sports® Partner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian if Unified Sports® Partner is a Minor \_\_\_\_\_

Date \_\_\_\_\_

### VOLUNTEER INFORMATION / APPLICATION

- |   |           |          |
|---|-----------|----------|
| 1) Do you use illegal drugs?  | Yes _____ | No _____ |
| 2) Have you ever been convicted of a criminal offense?                    | Yes _____ | No _____ |
| 3) Have you ever been charged with neglect, abuse or assault?             | Yes _____ | No _____ |
| 4) Has your driver's license ever been suspended or revoked in any state? | Yes _____ | No _____ |

List 2 non-family references:

Name	Relationship	Address or Phone Number
------	--------------	-------------------------

1) \_\_\_\_\_

2) \_\_\_\_\_

PLEASE READ BEFORE SIGNING - I understand that:

- the information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;
- in the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and volunteers is an 'at will' arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics.

Signature of Unified Sports® Partner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian if Unified Sports® Partner is a Minor \_\_\_\_\_

Date \_\_\_\_\_

**SPECIAL OLYMPICS  
ATHLETE/COACH/VOLUNTEER  
FIRST REPORT OF ACCIDENT**

DATE: _____	
INJURED PERSON: <input type="checkbox"/> Athlete <input type="checkbox"/> Unified Partner <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer	
If other than one of these, please use "Spectator/Property First Report of Incident Form"	
NAME: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS: _____	Telephone: _____ (Home) _____ (Work)
SS#: _____	
SPECIAL OLYMPICS CHAPTER INJURED PERSON AFFILIATED WITH: _____ AREA: _____	
<b>CARE PROVIDER AND/OR RESPONSIBLE PARTY</b>	
NAME: _____	RELATIONSHIP TO INJURED PERSON: _____
ADDRESS: _____	TELEPHONE: _____ (Home) _____ (Work)
EMPLOYER: _____	
ADDRESS: _____	
DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: <i>Please provide name of Company and Policy number</i> _____	
Is the Other Insurance provided by injured person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Other Insurance provided by Care Provider/Responsible Party? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WITNESS</b>	
NAME OF WITNESS: _____	TELEPHONE: _____ (Home) _____ (Work)
NAME OF WITNESS: _____	TELEPHONE: _____ (Home) _____ (Work)
<b>DESCRIPTION OF THE INCIDENT</b>	
DATE OF INJURY: _____	TIME OF INJURY: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
DID THIS TAKE PLACE DURING: <input type="checkbox"/> Training <input type="checkbox"/> Competition <input type="checkbox"/> While Traveling To or From a SO Event <input type="checkbox"/> Other: _____	
LOCATION WHERE INJURY OCCURRED: _____	
WHAT SPORT WAS THE INJURED PERSON PARTICIPATING IN (IF APPLICABLE): _____	
WHAT PART OF THE INJURED PERSON'S BODY WAS INJURED? <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Toe <input type="checkbox"/> Other _____	
TYPE OF INJURY: <input type="checkbox"/> Severe cut w/bleeding <input type="checkbox"/> Less Serious Bruise or Cut <input type="checkbox"/> Break/Fracture <input type="checkbox"/> Concussion <input type="checkbox"/> Paralysis <input type="checkbox"/> Other _____	
DESCRIBE THE INJURY: _____	
<b>TREATMENT</b>	
WAS TREATMENT PROVIDED ON SITE: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe treatment: _____
WAS TREATMENT PROVIDED OFF SITE: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name, address, and telephone number of facility providing treatment: _____

Official completing this form: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Signature: \_\_\_\_\_

SEND COMPLETED FORM TO: American Specialty Insurance Services, Inc. 142 North Main Street, Roanoke, Indiana 46783

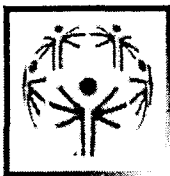
OR FAX TO: (219)672-8835

If injury was serious or fatality:

Notify American Specialty Insurance Services, Inc. IMMEDIATELY - Telephone 800-566-7941 (24 hours a day/7 days a week)

ID

2) Notify SOL's Risk Manager THE NEXT BUSINESS DAY - Telephone 202-824-0321 - Fax: 202-824-0200



## SPECIAL OLYMPICS of Greater Knoxville



I, \_\_\_\_\_, understand that by registering to participate in the 2003 Special Olympics Unified Bocce Ball League, I have made a commitment to my partner and Special Olympics to attend every Monday afternoon beginning March 3 and continuing through April 28 with the exception of Monday, March 17. I also understand that my partner and I are to be ready to play by our scheduled time. All competition will be held on Fiji Island in Fraternity Park on the University of Tennessee campus.

Please sign above and print name and phone number below.

# *Sunshine's Set-Up*

- \* Equipment List*
- \* Sunshine's Set-Up 2003*
- \* Tournament Location*
- \* Pictures*
- \* Inclement Weather Memo*
- \* Participant List*
- \* Bocce Ball Athletes*
- \* Game Record Sheet*
- \* Win/Loss Record Example*
- \* Bocce Schedule Example*
- \* UT Partner Attendance Sheet*
- \* Cookout Supply List*
- \* Certificate of Excellence*

## *Equipment*

1. 70 PVC Pipes
2. 20 PVC Elbows
3. 20 Stakes
4. 5 Official Bocce Ball Sets
5. Tape Measures or String
6. 5 Timers
7. Mallet
8. Pens
9. Paper
10. 5 Scoring Flip Charts
11. Clipboard
12. 5 Tables
13. 15 Chairs
14. Name Tags
15. Coolers
16. Cups

## *Sunshine's Set-Up 2003*

### **I. Team Set-Up**

- A. Sunshine recruited 21 athletes.
- B. Team Vols recruited 21 student volunteers.

### **II. Location**

- A. Team Vols secured Fiji Island on UT Campus for the competition. (see map)

### **III. Time**

- A. The competition was held every Monday from March 3rd through April 28th.
- B. The first athletes arrived around 3:15 p.m. and the competition ended around 6:00 p.m.

### **IV. Equipment**

- A. The pipes were stored in the Pi Kappa Phi fraternity house.
- B. We loaded one van with the tables, chairs, etc., and kept this equipment in the van so that it was ready every week.

### **V. Transportation**

- A. One staff member took a few athletes and left at 2:50 with the van that was loaded with the equipment. This van picked up the athletes who worked at the UT enclave and arrived at Fiji Island around 3:15.
- B. A second staff member left Sunshine at 3:30 with the other athletes and arrived at Fiji Island around 3:45.

### **VI. Court Set-Up**

- A. The people in the first van to arrive at Fiji Island unloaded and set-up that equipment.
- B. The second van arrived about the same time that the student volunteers arrived so everyone helped pull out the pipes.
- C. Every bocce court was made with 14 PVC pipes and four

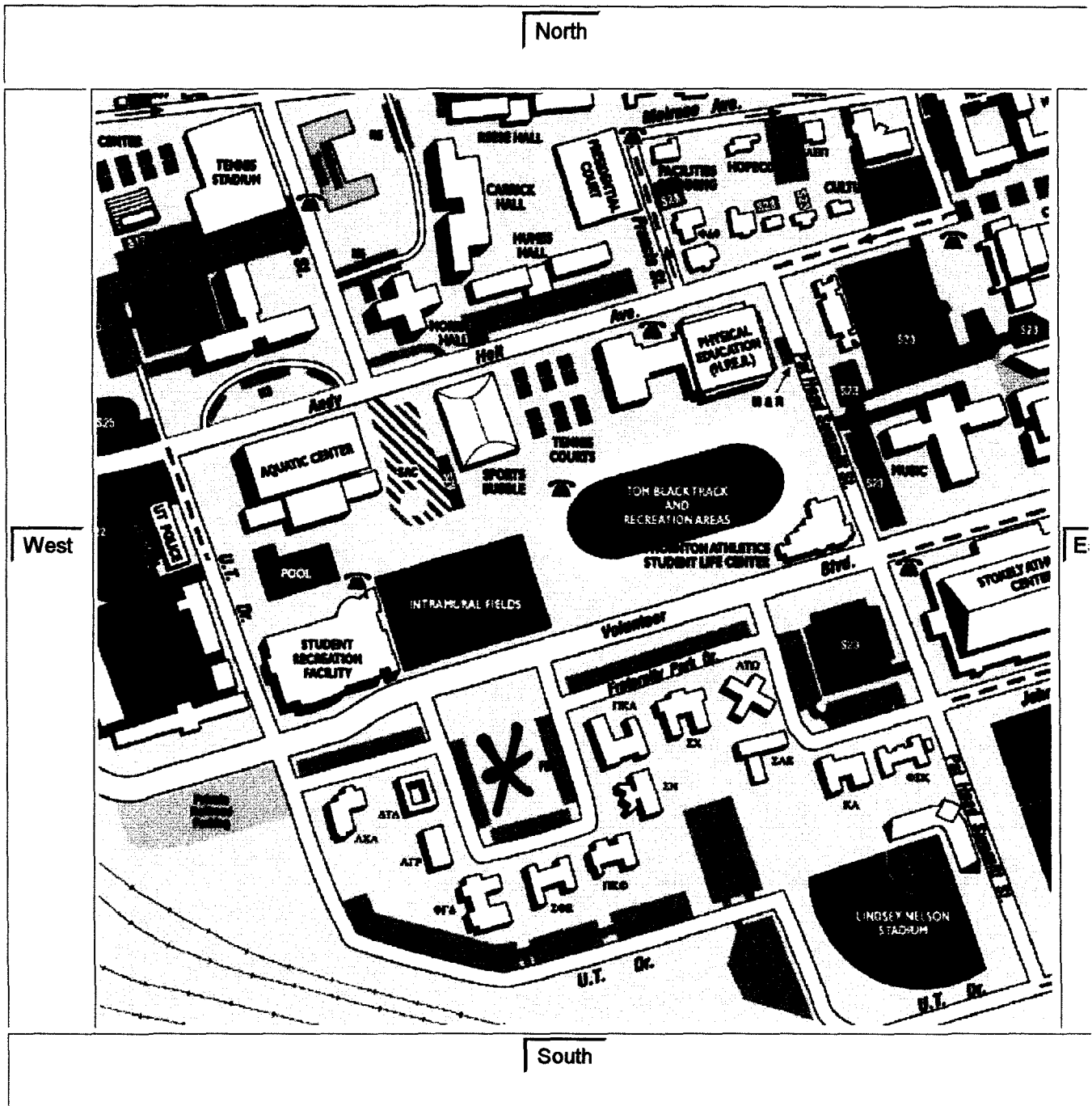
elbows. Stakes were put at the ends of the courts to keep the ends of the courts from coming apart.

- D. There was a table at each court as well as a bocce ball set, a pen, pad of paper, scoreboard, timer, chairs, and string for measuring.

#### **VII. Game**

- A. Two teams played each other on each court.
- B. Games were played during four 20 minute intervals.
- C. Teams that were not playing during a 20 minute interval officiated a game.





## Legend